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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/791,650				
		Filing Date	03/02/2004				
		First Named Inventor	Yukikatsu Ozaki, et al.				
		Art Unit	3744				
		Examiner Name	Mohammad M. Ali				
Total Number of Pages in This Submission		Attorney Docket Number	4041J-000849				
	ENCLO	SURES (check all that apply)					
Fee Transmittal Form		g(s)	After Allowance Communication to Technology Center (TC)				
Fee Attached Licensi		ing-related Papers	Appeal Communication to Board of Appeals and Interferences				
Amendment / Reply		ı	Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)				
I XI Affer Final I Lad 1 - minor		n to Convert to a ional Application	Proprietary Information				
		of Attorney, Revocation e of Correspondence Address	Status Letter				
Extension of Time Request	Termin	al Disclaimer	Other Enclosure(s) (please identify below):				
Express Abandonment Request	,	st for Refund umber of CD(s)	Request for Continued Examination and Return Receipt Postcard				
Information Disclosure Statement			i				

Response to Mis					
Response to Missing Parts under 37 CFR 1.52 or 1.53					
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT					
Firm Name	Harness, Dickey &	Pierce, P.L.C.			
Signature	1/1	1		7	
Printed name	Michael J. Schmidt				
Date	September 19, 2007		Reg. No.	34,007	
CERTIFICATE OF TRANSMISSION/MAILING					

Account No. 08-0750.

Remarks

Certified Copy of Priority

Alexandria, VA 22313-1450 on the date shown below.

Michael J. Schmidt

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September 19, 2007

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PE	Effective on 12/08/2004 PE Lagrange Spursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)		Complete if Known			
OLPE	TEE TO ANG		Application Number	10/791,650		
, 1 9 i	M FEE TRANS	SMITTAL	Filing Date	03/02/2004		
EE 1 2	영 		First Named Inventor	Yukikatsu Ozaki, et al.		
STRANT & TRAN	Applicant claims small entity s	tatus. See 37 CFR 1.27	Examiner Name	Mohammad M. Ali		
ATRA TRA			Art Unit	3744		
TOTAL AMOUNT OF PAYMENT	(\$) 790	Attorney Docket No.	4041J-000849			
	METHOD OF PAYMENT (check	all that apply)				

METHOD OF PAYMEN	T (check al	l that apply)					
☐ Check ☐ Credit Ca	rd 🔲 Mor	ney Order 🔲	None Other	(please identify) :			
Deposit Account Dep	posit Accoun	t Number: 08-07	' 50	Deposit Account	Name: Harn	ess, Dickey & Pi	erce, P.L.C.
For the above-id	entified depo	sit account, the	Director is hereby	authorized to: (che	eck all that ap	ply)	
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Charge a	nv additional	fee(s) or under	payments of fee(s)		ny overpayme	•	•
Under 37	CFR 1.16 a	nd 1.17	, ,				
WARNING: Information on the information and authorization	nis form may l n on PTO-203	become public. C 8.	redit card informati	on should not be ind	cluded on this	form. Provide cre	dit card
FEE CALCULATION	·· ··· ·						
1. BASIC FILING, SEA			ON FEES				
	FILING F		SEARCH		EXAMINATION FEES		
		Small Entity	_ 4.	Small Entity		Small Entity	
Application Type	<u>Fee (\$)</u>	<u>Fee(\$)</u>	<u>Fee(\$)</u>	<u>Fee(\$)</u>	<u>Fee(\$)</u>	Fee(\$)	Fees Paid (\$)
Utility	300 200	150 100	500	250	200	100	
Design Plant	200	100	100 300	50 150	130	65	
Reissue	300	150	500 500	250	160	80	
Provisional	200	100	300 0	0	600 0	300 0	
		100	U	U	U	· ·	
2. EXCESS CLAIM FEES Small Entity For Description							
Fee Description Each claim over 20 (including Reissues) Fee (\$) 50						Fee (\$) 25	
l a variable de la companya de la c						200	100
Multiple dependent cla		, ,	,			360	180
Total Claims	Extra C	<u>laims</u> <u>Fe</u>	<u>ee(\$)</u>	Paid (\$)		<u>Multiple</u>	Dependent Claims
20 or HP	_	x _	<u> </u>			<u>Fee (\$)</u>	Fee Paid (\$)
HP = highest number of	•	-					
Indep. Claims	Extra C			Paid (\$)			
- 3 or HP:		x _	<u> </u>				
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer							
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50							
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<u>Total Sheets</u>	Extra Sh			litional 50 or fra	ction there	of <u>Fee (\$)</u>	Fee Paid (\$)
100 = $\underline{0}$ / 50 = $\underline{-2}$ (round up to a whole number) $x = \underline{0}$					= <u>0</u>		
4. OTHER FEE(S) Fees Paid (\$)						Fees Paid (\$)	
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late	filing surcha	rge) : RCE					<u>790</u>

SUBMITTED BY			· · · · · · · · · · · · · · · · · · ·	
Signature		Registration No. (Attorney/Agent) 34,007	Telephone	(248) 641-1600
Name (Print/Type)	Michael J. Schmidt		Date	September 19, 2007

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